11/13/2014 16:32 4235874649 HERITAGE CENTER PAGE 07/11 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/05/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUC (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445215 B. WING NAME OF PROVIDER OR SUPPLIER 11/03/2014 STREET ADDRESS, CITY, STATE, ZIP CODE HERITAGE CENTER, THE 1026 MCFARLAND STREET MORRISTOWN, TN 37814 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING (NFORMATION) PROVIDER'S PLAN OF CORRECTION Ю (X5) COMPLETION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY NFPA 101 LIFE SAFETY CODE STANDARD K 038 K 038 K038 NFPA 101 LIFE SAFETY CODE SS=F STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section CORRECTIVE ACTION: 7.1, 19.2,1 The facility Maintenance Director or 12/12/14 designee will replace the current delayed egress signage for all 10 delayed egress doors with delayed egress signage with the lettering on a contrasting background. These sigs were ordered by the facility Executive This STANDARD is not met as evidenced by: Director on November 4, 2014. Each door Based on observation, it was determined that the signage will be replaced in accordance with facility failed to provide delayed egress signage NFPA 101, Sec. 7.19.2.1. Completion date with the lettering on a contrasting background. 12/12/14. The findings include: RESIDENTS WITH POTENTIAL TO BE 12/12/14 AFFECTED: Observation on November 3, 2014 at 1:00 p.m. revealed 10 of 10 delayed egress doors do not All residents have the potential to be affected. have signage with the lettering on a contrasting background. The facility has the signage posted SYSTEMIC CHANGES: on glass doors with the lettering for the delayed The Maintenance Director and/or designee egress signage on a clear adhesive background. 12/12/14 will conduct a monthly audit x 3 months to ensure compliance with NFPA 101, Sec This finding was verified by the maintenance director and acknowledged by the administrator 7.19.2.1 requirements for all delayed egress during the exit conference on November 3, 2014. signage. NFPA 101 7.2.1.6.1(d) MONITORING: K 066 NFPA 101 LIFE SAFETY CODE STANDARD K 066 The Maintenance Director and/or designee 12/12/14 SS=D will report the monthly audit results to the Smoking regulations are adopted and include no Performance Improvement Committee on a less than the following provisions: monthly basis x 3 months for further interventions if indicated. Performance (1) Smoking is prohibited in any room, ward, or Improvement Committee members include compartment where flammable liquids, the Executive Director, Director of Nursing, combustible gases, or oxygen is used or stored Assistant Directors of Nursing, Medical and in any other hazardous location, and such Director, Staff Development Coordinator, area is posted with signs that read NO SMOKING or with the international symbol for no smoking. and Department Managers. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(0Z-99) Provious Versions Obsolete

Event ID: OSZ021

Facility (D: TN3201

If continuation sheet Page 1 of 4

		35874649	HERIT	TAG	E CENTER	PAGE	08/11
STATEME	NE OF THE PROPERTY OF THE PROP	AND HUMAN SERVICES & MEDICAID SERVICES				PRINT	ED: 11/05/20
AND PLAT	VOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILD	DING	LE CURSTRUCTION 01 - MAIN BUILDING 01	(X3) (DATE SURVEY
NAME O	PROVIDER OR SUPPLIER	445215	B. WING		·		CHED
HERITA (X4) ID	GE CENTER, THE	EMENT OF DEFICIENCIES		•	TREET ADDRESS, CITY, STATE, ZIP CODE 026 MCFARLAND STREET IORRISTOWN, TN 37814	1_	1/03/2014
PREFIX	REGULATORY OR LS	C IDENTIFYING INFORMATION)	ID PREFD TAG	ĺ	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLÉTION DATE
	(3) Ashtrays of nonco design are provided in permitted. (4) Metal containers with actions into which are	nts classified as not ted, except when under mbustible material and safe a all areas where smoking is	K 06	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K066 NFPA 101 LIFE SAFETY COSTANDARD CORRECTIVE ACTION: Facility has no smoking policy for al residents. At the time of the survey inspection, the facility had one grandfathered resident that still chose smoke periodically. This resident voluntarily discharged from the facilit 11-7-14. There are no residents that of to smoke that meet the grandfathered requiring a metal container with self-cover. Therefore, facility does not have deed for metal container with self-close cover. Completion date 11/7/14.	I new ty on choose criteria	11/7/[4
fa si O re	elf-closing lids in design he findings include:	metal containers with nated smoking areas. Jer 3, 2014 at 11:35 a.m.		R A N to ch in	ESIDENTS WITH POTENTIAL TO FFECTED: To other current residents have the potent be affected unless facility should character smoking policy. Should facility mange policy to allow smoking, facility mediately purchase metal container wiff-closing cover prior to policy change (STEMIC CHANGES:	entia! ange y y will	12/12/14

K 076 NFPA 101 LIFE SAFETY CODE STANDARD SS≃D Medical gas storage and administration areas are

for Health Care Facilities.

with a self-closing lid.

courtyard is not provided with a metal container

This finding was verified by the maintenance

director and acknowledged by the administrator during the exit conference on November 3, 2014.

protected in accordance with NFPA 99, Standards

Event ID; QSZ021

Facility ID: TN3201

policy.

K 076

MONITORING:

SYSTEMIC CHANGES:

The Director of Nursing, Safety Director, or

Designee will conduct a monthly audit x 3

The Director of Nursing, Safety Director, or

designee will report the monthly audit

results to the Performance Improvement

Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee

months to ensure all residents are in compliance with current non-smoking

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12/12/14

12/12/14

DEMARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2014 FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445215	B. WiNG	·		11/1	03/2014
	PROVIDER OR SUPPLIER SE CENTER, THE			10	TREET ADDRESS, CITY, STATE, ZIP CODE D26 MCFARLAND STREET IORRISTOWN, TN 37814	<u>, , , , , , , , , , , , , , , , , , , </u>	, ,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE
K 076	3,000 cu.ft. are enc separation, (b) Locations for su	ge 2 locations of greater than losed by a one-hour oply systems of greater than ted to the outside. NFPA 99	K	076	members include the Executive Direct Director of Nursing, Assistant Director Nursing, Medical Director, Staff Development Coordinator, and Depart Managers.	ors of	
• .	Based on observatinterview, it was det to maintain piped in components. The findings include Observation, record with the medical gas 2014 at 11:40 a.m. and storage for the is located outside. The location is not prote ice or snow in the weight of the storage for the ice or snow in the weight of the storage for the ice or snow in the weight of the storage for the ice or snow in the weight of the storage for the ice or snow in the weight of the storage for the ice or snow in the weight of the storage for the ice or snow in the weight of the storage for	review, and phone interview is verifier on November 3, revealed the oxygen manifold piped in medical gas system this manifold and storage can from accumulations of inter and is not protected if the sun for extreme			K076 NFPA 101/NFPA 99 LIFE SA CODE STANDARD CORRECTIVE ACTION: Facility will install required protective structure for outside oxygen manifold storage location as required to protect accumulations of ice and snow in the months from winter weather condition well as direct sunlight for extreme temperature in the summer months as required by NFPA 99 4-3.5.2.2(b)3. Completion date 12/12/14. RESIDENTS WITH POTENTIAL TAFFECTED: All residents have the potential to be affected.	o d and t from winter as as	12/12/14
K 140 S\$≃D	This finding was ver director and acknow during the exit confe NFPA 99 4-3.5.2.2 (NFPA 101 LIFE SAI Master alarm panels	ified by the maintenance dedged by the administrator erence on November 3, 2014.	κ.	140	SYSTEMIC CHANGES: The Maintenance Director, Safety Di and/or designee will conduct a month audit x 3 months to ensure the protect structure is correctly protecting the of oxygen manifold and storage location accumulations of ice and snow from weather conditions as well as from distinlight for extreme temperature.	ily tive utside n from winter	12/12/14

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

11/13/2014 16:32

PRINTED: 11/05/2014

FORM APPROVEE OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 445215 B. WING 11/03/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET HERITAGE CENTER, THE MORRISTOWN, TN 37814 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX DATE TAG TAG DEFICIENCY MONITORING: K 140 Continued From page 3 K 140 12/12/14 The Maintenance Director, Safety Director, high/low alarms for +/- 20% operating pressure. or designee will report the monthly audit NFPA 99, 4,3,1,2,2 results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director. Director of Nursing, Assistant Directors of This STANDARD is not met as evidenced by: Nursing, Medical Director, Staff Based on observation, record review, and Development Coordinator, and Department interview, it was determined that the facility failed Managers. to maintain piped in medical gas system and its components. K140 NFPA 101/NFPA 99 LIFE SAFETY The findings include: CODE STANDARD Observation, record review, and phone interview CORRECTIVE ACTION: with the medical gas verifier on November 3. 2014 at 11:40 a.m. revealed the master alarm for The master alarm for the piped in medical 12/12/14 gas in the corridor of Unit 4 will be repaired the piped in medical gas in the corridor of Unit 4 or replaced to ensure indication of a trouble does not indicate a trouble signal when the signal when the oxygen reserve is in use, following occurs: oxygen emergency is in use, oxygen line Oxygen reserve in use. pressure is low, and oxygen line pressure is b, Oxygen emergency in use. high. Completion date 12/12/14. Oxygen line pressure low. C. Oxygen line pressure high. RESIDENTS WITH POTENTIAL TO BE 12/12/14 AFFECTED: These findings were verified by maintenance All residents have the potential to be director and acknowledged by administrator affected. during the exit conference on November 3, 2014. NPFA 99 4-3.1,2.2(b)1,3 SYSTEMIC CHANGES: 12/12/14 The Maintenance Director, Safety Director, or designee will conduct a monthly audit x 3 months to ensure the master alarm is working properly by indicting a trouble signal when the oxygen reserve is in use, oxygen emergency is in use, oxygen line pressure is low, and oxygen line pressure is high.

HERITAGE CENTER

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Division of Health Care Faci	lities		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01	(X3) OATE SURVEY COMPLETED
	TN3201	B. WING	11/03/2014
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER THE	SINCELY	ADDRESS, CITY, STATE, ZIP CODE	,

(X4) ID	SIMMADVOTATELIA	TOWN, TN	3/814	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
	1200-8-6 No Deficiencies During the Life Safety portion of the annual Licensure survey conducted on November 3, 2014, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	N 002	MONITORING: The Maintenance Director, Safety Director, or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 3 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.	12/12
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BTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

B.ITIT

(X6) DATE

Serior OSZ021

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